



## GIFTS AND GRANTS REQUEST

NAME OF ORGANIZATION		IS THIS A UNITED WAY AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ORGANIZATION ADDRESS	DATE ORGANIZATION FOUNDED	DATE OF REQUEST
	ORGANIZATION PHONE	IRS EXEMPTION NUMBER
CONTACT PERSON WITH ORGANIZATION	HOME PHONE	WORK PHONE

### SECTION A – IDENTIFICATION AND FINANCIAL INFORMATION

1	HOW MUCH MONEY ARE YOU REQUESTING?	HOW SHOULD CHECK BE MADE PAYABLE?
2	IS THIS REQUEST COMBINED WITH OTHER AGENCIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST OTHER AGENCIES.
3	DURING WHAT PERIOD OF TIME WILL THE MONEY BE USED?	
4	WITHIN WHAT GEOGRAPHIC AREA(S) DOES YOUR ORGANIZATION OPERATE, AND WHAT GEOGRAPHIC AREA(S) WILL BE SERVED BY THIS GRANT?	
5	WHAT PUBLICITY WILL BE INVOLVED? (A BWXT Y-12, LLC LOGO WILL BE PROVIDED UPON REQUEST.)	

#### FINANCIAL INFORMATION

OPERATING YEAR

REVENUE

LIST MAJOR SOURCES OF REVENUE AND PERCENTAGE EACH SOURCE CONTRIBUTES TO TOTAL BUDGET.

EXPENSES

LIST MAJOR PROGRAMS AND PERCENTAGE OF BUDGET SPENT FOR EACH.

WHAT PERCENTAGE OF ORGANIZATION'S BUDGET IS USED FOR ADMINISTRATIVE EXPENSES?

PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE FINANCIAL STATEMENT.

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**SECTION B - DESCRIPTION**

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PROVIDE IN THE SPACE BELOW A ONE-PAGE DESCRIPTION OF HOW THIS MONEY WILL BE USED AND ITS BENEFIT TO THE COMMUNITY.

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**SECTION C – ADMINISTRATION**

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IN THE SPACE BELOW BRIEFLY DESCRIBE HOW YOUR ORGANIZATION IS ADMINISTERED. ATTACH A COPY OF YOUR ORGANIZATION CHART IDENTIFYING WHICH ARE SALARIED POSITIONS AND WHICH ARE VOLUNTEER. IF THIS IS A COMBINED REQUEST, INDICATE WHO WILL ADMINISTER THE PROJECT AND HOW THE MONEY WILL BE ADMINISTERED.

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SUBMIT COMPLETED FORMS TO:  
**PUBLIC AND GOVERNMENTAL AFFAIRS OFFICE**  
**BWXT Y-12, L.L.C.**  
**P. O. BOX 2009**  
**OAK RIDGE, TN 37831-8245**